

2019-20 SHERBURNE WMA DISABLED VETERANS WATERFOWL LOTTERY

Louisiana Department of Wildlife and Fisheries/Wildlife Division/Room 442

P.O. Box 98000

Baton Rouge, LA 70898-9000

DISABLED VETERANS WATERFOWL LOTTERY HUNT TO BE HELD AT THE NORTH FARM WATERFOWL AREA

To participate in the hunt listed below, applications must be completed and returned to the above address, room 442 by **close of business (4:30 pm) SEPTEMBER 28, 2019**. No person may apply more than once. **SUBMISSION OF MORE THAN ONE APPLICATION SHALL DISQUALIFY THE APPLICANT.**

A \$5.00 administrative fee will be charged to each applicant. The administrative fee is **NON-REFUNDABLE**. Applications must be accompanied by a check or money order made payable to Louisiana Department of Wildlife and Fisheries (LDWF).

HUNT DATE TO BE DETERMINED. NO GROUP APPLICANTS ACCEPTED FOR THIS HUNT. ALL APPLICANTS MUST HAVE A COMBAT RELATED DISABILITY. EACH HUNTER WILL BE ASSIGNED TO A SPECIFIC BLIND THE DAY OF THE HUNT.

A random computer drawing will be held and successful applicants will be notified by mail. **LOST OR MISPLACED PERMITS WILL NOT BE REISSUED.** The permit is not refundable and must be in the hunter's possession while on the WMA the day of the hunt.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home): _____ Daytime Number: _____

Date of Birth: _____

LDWF #: _____

Note: LDWF # must be provided on the application. Anyone who has obtained a license or tags in the past will have a LDWF #. Applicants can obtain their LDWF # by obtaining licenses or deer tags from any license vendor, online at <http://www.wlf.louisiana.gov/licenses-and-permits>, or by contacting any LDWF Field Office. Failure to provide this number will disqualify the applicant.

Please describe your physical limitations so that appropriate assistance will be available. Blinds are not wheelchair accessible, and applicants must have mobility to access blinds, with assistance.

Please indicate whether someone will accompany you or if you will need an escort to be provided. Circle one of the choices below.

Escort needed _____ I will provide my own escort _____

For Additional Information, Please Contact: LDWF, Lafayette Office (337)262-2080.